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# Helping in the Wake of Disaster: A Graduate Student's Perspective in the Aftermath of the VT Tragedy

Matthew Yoder

This article reviews the shootings at Virginia Tech and the subsequent community reactions from the perspective of a graduate student in clinical psychology. Graduate students in the psychology department took on various roles in the aftermath of the disaster and were thus exposed to different attempts at helping from both outside and within the Blacksburg community. Experiences and perspectives of the author are

discussed and three observations are made regarding the nature of giving aid in the wake of a community trauma. These observations address (1) the strong desire to help, (2) nuances of social support, and (3) community resilience and healing.

**Keywords:** disaster; helping; community-level intervention; Virginia Tech tragedy; social support

On Monday morning, April 16, 2007, I was out of town doing dissertation research. I had given an outside assignment to the class I teach and was ironically 2 hours away conducting an evaluation of a community-level intervention for disasters. I was first aware that something was wrong when, after my meetings, I turned my cell phone on and saw there were 37 messages. I was driving back to Blacksburg during those strange, surreal hours after the second set of shootings when no one seemed to know anything—only that students had been murdered on our campus. The next few weeks were to be a whirlwind, the effects of which will continue to affect us, as a community and as individuals, for a long time to come.

As a graduate student in clinical psychology, actively researching large-scale, community trauma, the shootings at Virginia Tech (VT) placed me in several different, interesting roles and afforded me a perspective on this community disaster simply unavailable to one who has not been in the middle of such a storm. In this article, I hope to share a bit about what I experienced in the hours, days, and

weeks following the shootings, and to relate three observations resulting from these events being filtered through my particular lenses. Given the sensitive, ongoing nature of this tragedy, it is emphasized that this article represents my own thoughts and positions, not those of VT, the psychology department, Cook Counseling Center (CCC), or any other students at VT.

## Uncertainty

The drive back to Blacksburg was spent listening to phone messages and calling those whom I could to assure them of my safety. People I had not spoken to or heard from in months called to check in and offer any assistance, if needed. In the first hours of this disaster's impact on me, I began to be moved by the way people reached out to help. Attempts to call into Blacksburg were unsuccessful—the lines were jammed with others doing the same. The first thoughts that came into my mind were of those I care about. Were my friends and colleagues okay? Was anyone I know hurt or killed? Cinematic images of guns firing, people screaming, and dead bodies filled my head. Not knowing was difficult. Driving alone, with a tragedy unfolding in my backyard and not having access to information, was the hardest thing. Arriving back in Blacksburg, information seeking and sharing was a top priority. Not only did I want to know what was

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going on, friends and family from out of the area wanted the same and to make sure I was okay. The Internet was a lifesaver. A quick mass e-mail to family and friend list-servs allayed most concerns others had about me. Rumors abounded: it was a lover's quarrel, the shootings were racially motivated, the killer had an accomplice. More times than not, attempts to call friends and others who might have heard something were again unsuccessful. Phone lines were still jammed and would stay so for the better part of the day and on into the next.

The rest of the day was spent tracking down closest friends, most by going to visit them, by watching the news, and vigorously surfing the Internet and checking e-mail. Reactions varied: many were overwhelmed, most felt some degree of shock; some wanted to get out of town as quickly as possible, others wanted to find some way to help. At this point, the victims were not known, and our tragedy did not yet have an emotional face. Once my friends and colleagues were all accounted for, the impetus to do something became strong. This desire may have been an early attempt to restore order and predictability to a world that had lost both. Survivors of traumatic events are often thrown into states of uncertainty, as the event(s) bring about questions of randomness, meaning, and control (Janoff-Bulman, 1992; Pyszczynski, Greenberg, & Solomon, 1999). The impetus to help may have arisen in me in part to address these questions and to assure myself that the world was indeed predictably benevolent, despite an event that seemed to indicate otherwise. There was a wary excitement, a potential energy, almost tangible in the voices and faces of the community, which may have been, in part, a result of a similar existential questions occurring in others. Several other graduate students and I spoke of how we might organize and make ourselves available in helpful, productive ways.

## Helping

Part of our training as graduate students in clinical psychology is to work in a clinical setting outside of the department. My externship during the spring semester was to work 10 hr a week at the CCC, the student counseling center on campus. In the days and weeks following the shootings, as Blacksburg and the university courageously began to rebuild, CCC was to become the center of the mental health

response in the VT community. The morning of April 17, 2007, I went to the center and talked with different colleagues and supervisors. Many were somewhere between trying to gather information and planning for a coordinated response pending the necessary information. It was strangely quiet in the building. All hands were on deck but less than 24 hr after the shootings stopped, few were seeking help from counselors (see Figures 1 and 2).

The staff at CCC did not appear to need help in the first hours after the shooting, but there was word that there may be a need at the Red Cross desk at the conference center on campus. Within hours of the first reports of shootings, the Red Cross had set up a center of operation at the Skelton Conference Center & Hotel on the campus of VT. The conference center was to become the central base of operations for those working to respond to the shootings. Press briefings were held there and the national and international media set up camp at the hotel. Law enforcement was coordinating with the university administration and the Red Cross had set up a desk to take information from those coming to look for missing loved ones. There were several people working at the desk when I arrived, including a fellow psychology graduate student who had been up all night taking names and numbers of those coming to look for missing loved ones. She had compiled these names and contact information into a spreadsheet, which later proved invaluable in the distribution of information to the families and friends of victims and survivors alike.

When I relieved her, she had been working for more than 20 hr straight. She reluctantly gave up her position at the urging of her colleagues and explained to me what she was doing. The desk was in the same area where families of those killed were being informed about the fate of their sons, daughters, spouses, and friends. Seeing a mother come in with hope and watch her hear that her child was killed—seeing her fall on the floor and hearing her wail—is an unforgettable thing. Remembering those images now, I can feel the metallic taste of emotion welling up in the back of my throat.

Over the next week, several other psychology graduate students and I volunteered in various capacities with the Red Cross. We met with the local director of their mental health team most mornings to get our "assignments," including manning the information table at the hotel/conference center, visiting families of the injured at local hospitals, and

developing psychoeducational handouts and distributing them to students and faculty. A group from our department also accepted the grisly task of assisting the state police in escorting families of students back into the first floor of Norris Hall (the shootings took place on the second floor) to retrieve the personal effects of those who were killed and those who escaped.

## Teaching After Disaster

As the 1-week anniversary of the shootings approached, most of us began to prepare for the first academic day of the remaining 2 weeks of the semester. When the final list of those who died was released, I realized that a student in the Abnormal Psychology course I was teaching was one of those killed. There were many questions going into that first class. Most students took advantage of the cancelled classes the week before to go home and be with family. How many students would decide to come back? What was I to say—what could one possibly say—to a group of people who experienced what those students did? How many students were aware that one of their classmates was killed? How to handle the empty desk whose silent presence would no doubt be deafening? Did I want to take advantage of the professional counselors made available by CCC and have them sit in the class?

I decided to send out an e-mail to the class, informing them of the death in our class and my intentions for the first class back. The plan was to spend a moment at the beginning of class in silence for the student who was killed, to explain how the rest of the semester would look academically, and then open the time up for students to talk and ask questions. When class time came around, I walked into an overflowing classroom. Of the 60 students enrolled in the course, 59 were there, with one glaring absence. Some students brought friends or family with them, to have support close. I asked the counselors to wait outside of the classroom in case someone needed to leave. I placed a large maroon and gold card on the empty desk with a flower and candle. As I looked out at the brave, worried faces in the class, it was hard to keep my emotions from overwhelming me. I felt so much for them—concern for their well-being and admiration for their courage—as they sat in desks not 300 yards from where the majority of the shots rang out 7 days,

almost to the hour, a week before. The opportunity was taken to tell them just how I was feeling—that I was proud of them and that I cared for each one of them. Then, several moments were spent in silence, and then in discussion, remembering our classmate. As the card was passed around, the students were asked how many of the 59 went home the weekend before. Fifty hands were raised. This sparked a lively and emotional discussion about the value everyone felt in being surrounded by the VT community, by people who “understood because they were there when it happened.”

My sense is that a large number of students, campus-wide, came back to VT for a week or so to be surrounded by their friends and by a community who experienced similar things as they did. Once academic requirements for the semester were changed, and students reconnected with a supportive community, they went home. Over the next 2 weeks, about 20 students consistently came to class. I prepared lectures for each class period but sometimes we talked about what the students were going through, and sometimes I told them how I was feeling. I was to have seven or eight students request one-on-one meetings with me to help them process their experiences. It did not take long to decide that the usual boundaries I strive to maintain between instructor and therapist were going to be blurred—and that I (and my supervisors/mentors) was glad to do so. It was in this role, as a teacher, that I felt most helpful following the shootings. This was likely because of my teacher role being part of a preexisting support network and the fact that students sought me out rather than me approaching them.

Other activities that I engaged in over the next several weeks included attending vigils and memorials, assisting other professors who lost students in their first week back, trying to work on journal manuscripts and conference submissions, and seeing my usual clients at the student counseling center, although most of my ongoing cases either went home or stopped coming in. Groups of graduate students also regularly got together in the evenings to decompress.

In the midst of all that was happening, it was hard to concentrate and to sleep. Along with the strong feelings of sadness and grief, there was also an excitement—an energy—that came from being in the middle of something historically, if briefly, in the nation’s spotlight. It was difficult to wrap one’s mind around what was happening and how one felt about

it, but as time increases the distance between now and then, a few thoughts about the events have repeatedly come to mind.

## Desire to Help

First, the strong, and at times feverish, desire to help that was expressed by so many was striking. Indeed, I felt this desire myself. Help poured in from all sides and coordinating this help was important and at times overwhelming. For example, staff at the CCC and other community counseling centers reported spending precious hours sorting out and coordinating offers of help, when they would rather have been thinking of ways to address the needs of students. Other universities, rival universities, sent heartfelt messages of solidarity, including care packages and long pieces of paper with thousands of individual signatures.

The quality of the outside help visible on campus varied widely. It seems there are many impetuses for helping others and not all have altruism at their core. Some of the better ideas I saw were a group of massage therapists who set up a tent for a couple days on campus and made their rounds to give massages to instructors, counselors, and administrators. There was also a group that brought therapy dogs and just walked around offering free petting. In addition, colleagues from around the country and world called just to say they were thinking of us and made themselves available should the need arise.

These offers were contrasted with several religious groups who seemed to use the disaster for their own purposes. I witnessed several groups proselytizing to grieving students, and handing out promotional literature to people walking in or around their tents/stands. These groups were exceptions to the majority of religiously affiliated groups who were sensitive in their offers of an emotional shoulder to lean on. I was also aware of aid groups promoting the use of possibly harmful debriefing methods with survivors immediately after a disaster (Rose, Bisson, & Wessely, 2001).

There was also a strong desire to help that came from within the VT community. Students, faculty, staff, and alumni groups were, and continue to be, visible in Blacksburg, responding in ways they deemed most helpful. The weight of this disaster clearly showed in President Steger's face, but he and Chief of Police Flinchum bravely faced the cameras almost every day, doing their best to give responses

to largely unanswerable questions. The university organized itself and became a source of healing for all of us. Our department coordinated with the student counseling center to begin to address the mental health needs of the community. The resilience of VT and Blacksburg was on display for all to see.

## Nuances of Social Support

Second, we know social support following disasters is one of the best predictors of recovery (Haden, Scarpa, Jones, & Ollendick, 2007; Penner, Dovidio, & Albrecht, 2000) and that those who do not actually have or perceive support from others following trauma are at risk for maladjustments ranging from increased cardiovascular reactivity (Lepore, Allen, & Evans, 1993) to increased incidence of severe mental health (Boydell et al., 2001) and deliberate self-harm (Neeleman, Wilson-Jones, & Wessely, 2001).

After the shootings, students overwhelmingly sought solace from others in expected ways. The majority of students went home at some point during the week following the shootings to spend time with parents and other family members. However, I was told again and again by students, clients, and friends alike that those who went home the weekend following the shootings could not wait to get back to Blacksburg. On the first day back to classes (1 week after the shootings), as noted above, I asked students about going home directly after the shootings. Each of those who did indicated they thought they would feel better at home, but once there, they wanted to come back to VT.

In this way, the VT disaster was not unlike the flood at Buffalo Creek. When the small, tight-knit town was destroyed, survivors were relocated into temporary trailers in a way that separated them from their lifelong neighbors and friends. Even though they were offered mental health support from outsiders and had other townspeople available in nearby trailers, their primary support network built by generations living next door to each other was broken apart in the resettlement process. Rates of psychological distress in the survivors of the flood were much higher even decades after the flood (Erikson, 1976). This highlights the importance of distinguishing types of social support and that the construct of social support likely has context and trauma specific determinants. These students (and subsequent clients and friends) went home and were surrounded by those who love them the most—family.

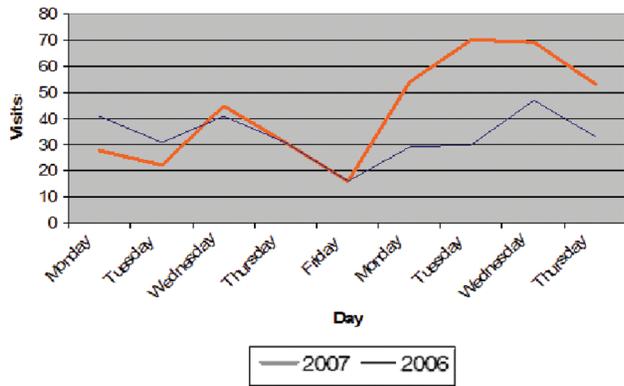


Figure 1. Total Cook Counseling Center visits.

However, they all more or less stated that it was not the same, no one understood and that once they got back to VT, they were surrounded by those who did understand. Veterans returning from war have reported similar perspectives (Callahan, 2006; M. Yoder, personal conversations with war veterans in personal and therapeutic relationships, 2007).

A closer look at the service utilization data reported from the CCC in the days following the shootings helps illustrate this point (see Figures 1 and 2).

Figure 1 reports the number of two different types of visits to the counseling center across the same 9-day period in April 2007 and 2006. Figure 2 is the total number of contacts at the counseling center. Day one represents Monday April 16, 2007, and Monday April 17, 2006, day two Tuesday and so forth. Day five is a Friday, a day on which many students went home, which helps explain the drop in visits across both years. In the first 48 hr after the shootings, numbers were low. On Wednesday, April 18, 2007, the counseling center saw a jump in triage visits (38, compared with 5 in 2006, see Figure 2). These types of visits, in which a student walks in or calls without an appointment, stayed high for the remainder of the time period reported. The large majority of these visits (34) were face-to-face triages, where a student walks into the center with no appointment. The initial jump in triage visits may have been due in part to a selection process. Those who stayed on campus likely differed on several important predictors of distress than their classmates who went home, including exposure and social support options.

These numbers suggest that in the first 48 hr after the shootings, students were not seeking support from VT-affiliated mental health professionals,

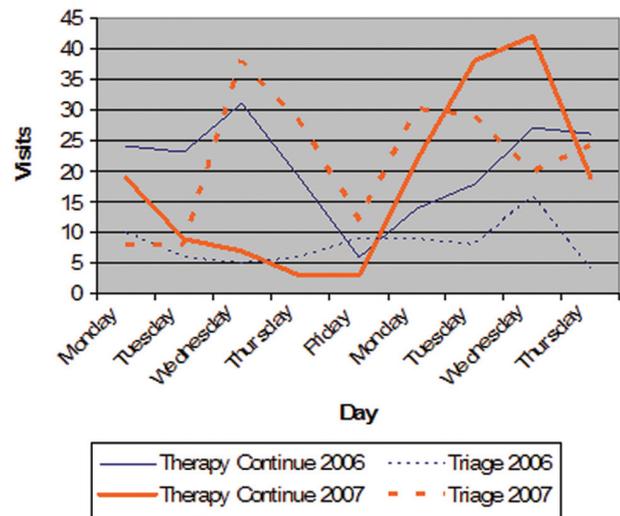


Figure 2. Cook Counseling Center service utilization.

but that starting on the third day, they were. It is also important to note that although the overall service utilization numbers (Figure 1) are higher in 2007 than in 2006, they were not at the point of overwhelming the capacity of the counseling center. A few days after the shootings, students began to come back to campus and seek support from those within the VT community.

## Community Resilience and Healing

Third, given the above two observations, questions arise about the role a community has in healing itself. Much of the self-care literature seems to emphasize the importance of those helpers who have been affected by a disaster seeking support themselves and not trying to “do too much.” And we certainly felt that in the weeks after the shooting. As I stated above, there were many, many people who graciously offered their help. But within a few days, there was a pretty strong internal support system in place in Blacksburg. I was simultaneously a provider and consumer of this support system. As I reflect on the support I received from within the community and recall conversations I had with clients and students, it was the support from those with whom there were predisaster relationships that was, and is, most helpful. This was poignantly illustrated for me by the large number of students who returned to campus (and classes, initially) the week following the shootings.

I felt most helpful in my role as a teacher, as I helped my students grieve and process on a group and individual level. I felt even more helpful in this role than as a Red Cross volunteer, therapist, or student. As noted above, I believe this is because my students were more likely to turn to someone whom they knew and who had experienced similar things. I was part of a preexisting social support network within the VT community and was therefore sought out by students. Having experienced this, I wonder if, at times, we may possibly constrict a community's ability to heal itself when we, as outsiders, rush to a disaster site and set up our tents? In doing so, the emphasis for repairing a community may be shifted from extant (if temporarily diminished) support systems, to external helpers who will only leave in a few short days or weeks. This is not to suggest that outside help is always or even largely unhelpful only that a community's own ability to heal itself should remain salient for those who do provide assistance in the wake of disaster.

It is well documented that being a helper in the aftermath of disasters certainly does not protect one from maladaptive adjustment. Helpers who work with disaster survivors are at risk for developing posttraumatic stress disorder (McCaslin et al., 2005), compassion fatigue and burnout (Adams, Boscarino, & Figley, 2006), and health complications (Hodgkinson & Shepard, 1994). However, studies have found indicators of resilience in the face of disasters among first responders—they show a decreased incidence of posttraumatic stress disorder, depression, and other anxiety disorders after disasters compared to the victims they serve (Boscarino, Figley, & Adams, 2004; Galea, Nandi, & Vlahov, 2005; North et al., 2002). There is a tension in the literature around this area—one that was felt by many helpers at VT. How much should one carry out their helper role if one is also a survivor of a disaster?

Thus, practitioners both from outside and within disaster communities might be well served to pause and reflect before rushing out to help. For outsiders, sensitivity to and communication with existing community support systems is important. Asking how one's own desire to help can be informed by an approach that seeks to build capacity in stricken communities rather than treating specific symptoms or individuals is essential to providing empowering, lasting aid. It is also helpful for practitioners from within a disaster community to recognize their own limitations in providing aid, to seek support when

needed, and to use those close to them as assessors of their own fatigue.

People have asked me how I coped with the disaster—with the loss of a student and with being in the middle of such events. I think I coped largely by seeking out opportunities to help. In helping others, I started to restore some beliefs in my own agency and in the benevolence of our world. The ability to help others whom I saw suffering was and is a fundamental part of my own recovery process. The tragedy at VT, like most disasters, is not without opportunities to learn. In no way would we ever choose to learn lessons in this way, but because it did happen, I feel fortunate to have been able to help in some small ways. As a psychologist beginning a career in disaster psychology, I am grateful for a glimpse of how important it is for communities to have a central role in helping themselves.

## References

- Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76, 103-108.
- Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among New York City social workers. *International Journal of Emergency Mental Health*, 6(2), 1-10.
- Boydell, J., van Os, J., McKenzie, K., Allardyce, J., Goel, R., McCreadie, R. G., et al. (2001). Incidence of schizophrenia in ethnic minorities in London: Ecological study into interactions with environment. *British Medical Journal*, 323, 1336.
- Callahan, P. E. (2006). Membership has its privileges: Identity as social support benefits United States combat soldiers in Iraq. *Dissertation Abstracts International*, 67(6B), 3441.
- Erikson, K. T. (1976). *Everything in its Path: Destruction of community in the Buffalo Creek flood*. New York: Simon & Schuster.
- Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of post-traumatic stress disorder after disasters. *Epidemiologic Reviews*, 27, 78-91.
- Haden, S. C., Scarpa, A., Jones, R. T., & Ollendick, T. H. (2007). Posttraumatic stress disorder symptoms and injury: The moderating role of perceived social support and coping for young adults. *Personality and Individual Differences*, 42, 1187-1198.
- Hodgkinson, P. E., & Shepard, M. A. (1994). The impact of disaster support work. *Journal of Traumatic Stress*, 7, 587-600.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: Free Press.

- Lepore, S., Allen, K., & Evans, G. (1993). Social support lowers cardiovascular reactivity to an acute stressor. *Psychosomatic Medicine*, 55, 518-524.
- McCaslin, S. E., Jacobs, G. A., Meyer, D. L., Johnson-Jimenez, E., Metzler, T. J., & Marmar, C. (2005). How does negative life change following disaster response impact distress among Red Cross responders? *Professional Psychology: Research and Practice*, 36, 246-253.
- Neeleman, J., Wilson-Jones, C., & Wessely, S. (2001). Ethnic density and deliberate self-harm: A small area study in south east London. *Journal of Epidemiology and Community Health*, 55, 85-90.
- North, C. S., Tivis, L., McMillen, J. C., Pfefferbaum, B., Sptznagel, E. L., Cox, J., et al. (2002). Psychiatric disorders in rescue workers after the Oklahoma City bombing. *American Journal of Psychiatry*, 159, 857-859.
- Penner, L., Dovidio, J., & Albrecht, T. (2000). Helping victims of loss and trauma: A social psychological perspective. In J. H. Harvey & E. D. Miller (Eds.), *Loss and trauma: General and close relationship perspectives* (pp. 62-85). New York: Brunner-Routledge.
- Pyszczynski, T., Greenberg, J., & Solomon, S. (1999). A dual process model of defense against conscious and unconscious death-related thoughts: An extension of terror management theory. *Psychological Review*, 106, 835-845.
- Rose, S., Bisson, J., & Wessely, S. (2001). Psychological debriefing for preventing post traumatic stress disorder (PTSD). *Cochran Library, Issue 3*. Vista, CA: Update Software.